



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/960,715
Filing Date	September 21, 2001
First Named Inventor	Larry Routhenstein
Art Unit	2876
Examiner Name	April Alicia Taylor
Attorney Docket Number	PRIVP002.US01
Total Number of Pages in This Submission	

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> <b>PART B Fee(s) Transmittal</b> <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>1. Part B Fees Transmittal and 1 copy; 2. Universal POA; 3. Statement Under 37 CFR 3.73(b), and 4. Check for fees, and 4. Postcard</b>		
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account <u>50-3539</u></td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account <u>50-3539</u>
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account <u>50-3539</u>			
The enclosed is in response to the Notice of Allowance & Fees Due mailed December 12, 2006, for the above-application.				

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	TIPS Group		
Signature			
Printed name	Paul L. Hickman		
Date	February <u>1</u> , 2007	Reg. No.	28,516

## CERTIFICATE OF (FAX)TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited via facsimile Transmission to: deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Paul L. Hickman	Date	February <u>1</u> , 2007